



Rhode Island State Police
Training Academy
P.O. Box 250, North Scituate, RI 02857-0250



DIVERSITY OUTREACH TRAINING ACADEMY APPLICATION

All items in the application must be filled in completely, correctly, and to the best of your knowledge be true. Any applications that are incomplete and/or illegible can result in the rejection of the application by the Rhode Island State Police. You have an affirmative obligation to notify the Rhode Island State Police at the above address, in writing of any changes or additions that occur after the date the application is filed.

PERSONAL HISTORY

LAST NAME		FIRST NAME		MIDDLE	
IF YOU HAVE CHANGED YOUR NAME, GIVE DATE, PLACE AND REASON			LIST ANY OR ALL NICKNAMES		
PRESENT HOME ADDRESS - STREET (ALSO INCLUDE P.O. BOX IF THAT IS YOUR CORRECT MAILING ADDRESS)			CITY	STATE	ZIP CODE
DATE OF BIRTH (MM/DD/YY)			AGE	SSN	
ARE YOU A CITIZEN OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	PLACE OF BIRTH		IF NATURALIZED, PLACE OF NATURALIZATION AND NATURALIZATION NUMBER		
RESIDENCE TELEPHONE NUMBER ()		WORK TELEPHONE NUMBER		OTHER / E-MAIL ADDRESS	
OPERATOR'S, (DRIVER'S) LICENSE NUMBER				STATE	
ARE YOU LEGALLY ENTITLED TO POSSESS A FIREARM? (CERTAIN CONVICTIONS AND DOMESTIC VIOLENCE OR OTHER RESTRAINING ORDERS MAY PROHIBIT YOU FROM CARRYING A WEAPON) YES <input type="checkbox"/> NO <input type="checkbox"/>					
EDUCATIONAL BACKGROUND (CHECK ALL THAT APPLY)					
HIGH SCHOOL <input type="checkbox"/>		BACHELOR'S DEGREE <input type="checkbox"/>			
GED <input type="checkbox"/>		MASTER'S DEGREE <input type="checkbox"/>			
LESS THAN 60 COLLEGE CREDITS <input type="checkbox"/>		LAW DEGREE <input type="checkbox"/>			
60 OR MORE COLLEGE CREDITS <input type="checkbox"/>		OTHER <input type="checkbox"/>			
ASSOCIATE'S DEGREE <input type="checkbox"/>					
HAVE YOU EVER SERVED IN THE MILITARY, UNITED STATES OR FOREIGN? YES <input type="checkbox"/> NO <input type="checkbox"/>					
IF YES, SPECIFY BRANCH. (CHECK ALL THAT APPLY)					
MARINES <input type="checkbox"/>	NAVY <input type="checkbox"/>				
ARMY <input type="checkbox"/>	AIR FORCE <input type="checkbox"/>				
COAST GUARD <input type="checkbox"/>	OTHER <input type="checkbox"/>				

The Rhode Island State Police is an Equal Opportunity Employer

"I understand that a background check will be conducted prior to my acceptance into the Diversity Outreach Training Academy. The information shall be used to conduct a background check to determine my eligibility to participate in the Outreach Training Academy.

In consideration of the offer of the Rhode Island State Police to allow me to participate in the Diversity Outreach Training Academy, I hereby release the State of Rhode Island and Providence Plantations, the Rhode Island State Police and their officers, agents and employees from any and all liability for damage or bodily injury or injury to property caused either directly or indirectly or arising in any way out of my participation in the academy.

I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge".

SIGNATURE OF APPLICANT

MANDATORY QUESTIONNAIRE

Applicant _____

Address _____
Number Street City State Zip Code

(See definitions below)

Male ____ Female ____ White ____ Black ____ Hispanic ____

American Indian / Alaskan Native ____ Asian American / Pacific Islander ____

Disabled ____ Age: 40 & Over ____ Veteran: Disabled ____ Vietnam ____

I would benefit from participation from the Rhode Island State Police 2006 Outreach Training Academy due to:

Minority Status _____

Economically Disadvantaged _____

Other- please specify _____

WHITE:

(not of Hispanic Origin) All persons having origins in any of the original people of Europe, North Africa, or the Middle East.

BLACK:

(not of Hispanic origin) All persons having origins in any of the Black racial groups in Africa.

HISPANICS:

All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

AMERICAN INDIAN OR ALASKAN NATIVE:

All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN OR PACIFIC ISLANDER:

All persons having origins in any of original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

DISABLED:

All persons with a physical or mental disability that substantially impairs or restrict one or more of such major life activities as walking, seeing, hearing, speaking, working, or learning. A history of such disability, or the belief on the part of others that a person has such a disability, whether it is so or not, also is recognized as a handicap by the regulation.